

# THE MEDICAL NEWS AND LIBRARY.

VOL. XXV.

AUGUST, 1867.

No. 296.

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HUDSON ON FEVER,

### CLINICS.

#### CLINICAL LECTURES.

Clinical Lecture on the Indiscriminate Use of Alcoholic Stimulants in Disease.—

Delivered at Guy's Hospital. By SAMUEL

WILKS, M. D., Physician to, and Lecturer

at, the Hospital.

GENTLEMEN : In drawing your attention to the case of bronchitis and the good results which followed the discontinuance of stimulants after I had at first ordered them, let me impress upon you the importance of always seriously considering the advisability of alcoholic treatment before you have recourse to it. To my mind, the most important question in therapeutics at the present day is the value of alcohol in disease. Because this agent is made use of daily by a large part of the community as an article of diet, its administration in dis-

ease is treated too often with carelessness, and it thus forms, without a due consideration of its action, one of our commonest prescriptions. If it be said that its frequent use is an evidence of its potency, this is the more sufficient reason why its administration should be watched with the greatest care.

You know it is not decided in what manner alcohol exactly behaves in the animal economy : the proof is wanting that it is a food for the lungs, whereas its direct effect on the nervous system is evident. A want of knowledge of the precise changes which it undergoes in the system, is, however, no argument against its use, since its advantages must be discovered from experience alone. If the taking a stimulant restores a flagging nervous force, and so adds fresh life to the various organs of the body, a benefit may have been received; and thus

Published monthly by HENRY C. LEA, No. 706 & 708 Sansom Street, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

\* \* \* In no case is this periodical sent unless the subscription is paid in advance.

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most of us are brought up in the habit of taking our glass of wine, and feel ourselves refreshed. Since the active agency in many of our stimulating drinks is alcohol, many persons have recourse to spirits in order the better to obtain its influence, and thus brandy may become with them a regular article of diet: the necessity for some stimulus being assumed, if malt liquor or wine be supposed to disagree, some brandy and water is drunk instead.

I am not going to enter upon the much vexed question as to the necessity for the daily use of wine or spirit; but I will say that the usual test for the advantages of its use is one which I conceive to be in most cases utterly valueless. Alcohol, remember, although an excitant, is a sedative to the nervous system—is, in fact, an anæsthetic. A drunken man may be injured in such a way as to have all his teeth knocked out in a brawl, yet apparently not perceive the injury, and be utterly unconscious of the occurrence when he has returned to soberness. The argument, therefore, that a man feels better after his glass or two of grog would be equally applicable to the case of the Turk who feels better for his opium. His feeling better simply means that he has got rid of his unpleasant sensations, whether these be moral or physical; he "drowns his troubles in the bowl." If a man engaged in the practice of his profession, mercantile business, or even pleasure, such as boating, cricketing, or shooting, intends to assert that he can pursue these respective objects with more success after he has taken a stimulant, then he may have an argument in favour of its use. If, however, it be admitted that during the active pursuits of the day a stimulation to the nervous system is injurious, but that after the fatigues are over the body must be recruited, and that a proportion of alcohol is beneficial, I have nothing to say against it, should experience speak in its favour. I repeat, however, that in the majority of instances where a man's reason for taking his wine or spirits is of no better kind than that he feels better for it, the reason is utterly valueless; indeed, it may generally be assumed that whilst his feelings are benumbed his organization is being injured. The argument is no better in favour of the use of wine or other stimulant in disease—as, for example, that it must do good, since the patient craves for it. The question of

the advantages attending the daily use of beer, wine, or spirits, although a difficult one to solve, is one which you cannot evade considering, since the health and welfare of families may depend upon your judicious decision. You may recommend wine with advantage to members of certain families having peculiar temperaments, whilst should you advise it for others you may unwittingly be sowing the seeds of ruin of mind, body, and estate.

The subject of the different temperaments of your patients and their mode of life is one which is well worth your study; but the matter I wish now to strongly enforce upon you is that you are as thoroughly to consider the propriety of the administration of alcohol as you would any drug in the Pharmacopœia. Endeavour, if you can, to erase from your minds that it is a proven fact that alcohol is a tonic or a necessary part of every one's beverage. This is assumed by a large mass of people; and the meaning of the question which your patient puts to you when he says, "What shall I drink?" is not "Shall I take a stimulant or leave it alone?" but "Shall I drink beer, wine, or spirits?" He often confesses that he is in a great difficulty; he finds none of them agree with him; but that he must take "something" appears as necessary as eating his daily bread; the alternative never having formed part of his calculation. I say it is assumed that a strength-giving property lies in these drinks—that just in proportion to a man's feeling of weakness so will he require one of them: in ordinary health he may only want his beer; but if ill, his wine; and if very ill, his spirits. Now this popular opinion is shared in, I am sorry to say, by many in the profession: if the patient is weak he wants "support," this term carrying too frequently with it the necessary idea of wine or spirits. I should be sorry to say that the doctor panders to the public taste, since he is too often already in accord with it; but the consequence of such agreement between patient and medical man resolves itself into this, that an extra stimulant is prescribed. You might ask to what complaints do I refer when I speak of this too common advice; but I need only repeat the word "patient," for it matters little what is the nature of the disease, since the reasons for the treatment are applicable to all complaints, and are founded on this simple

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proposition: all persons who are ill are weak; they have lost strength; they require it to be restored; alcohol is a supporter and a tonic, therefore alcohol is a remedy for all diseases. This is no parody, for I have heard the argument set forth in some such words; and practically it is adopted by many, for I constantly hear medical men say they give brandy to all their patients, for they always find them "low." Brandy indeed becomes with some as much a universal remedy as revalenta, chlorodyne, Morison's pills, or any other quack medicine. Moreover, it is a medicine of which the patients approve, assuming as they also do its supporting and strength-giving powers. You therefore cannot do better, if you fear no compunctions in converting your profession into a mere trade, to say to all your patients, after feeling their pulse, that they are very low—that you are sure they do not take enough; and order them several glasses of wine daily. Should they be exceedingly ill with some desperate organic complaint, then you must turn your remarks to the friends, and speak of the necessity of supporting the patient by giving him as much brandy as can be poured down his throat. By this method you are sure to give "satisfaction;" for should the patient die without such treatment, you may have the credit of letting him slip "through your fingers;" whilst, if he die with it, you have done your best. If you kill a dozen patients with brandy, you need have no fear—"you have done your best." This, I say, would be a very comfortable and lucrative mode of practice.

It may very fairly be asked, If alcohol be so potent a remedy that it can supersede all drugs in so many several cases of disease, is not this a reason why brandy-treatment should be adopted with some consideration? The want of caution in its use is owing, I have no doubt, to its entering so frequently into the daily diet; and thus alcohol is not reckoned amongst the same class of agents as that of medicines. On the bed-cards in this hospital there is one column for the medicines, and another for the diet. Before filling up the one, we discuss the benefits of giving our patients a few drops of henbane or ether; and in the other column we often write down any number of ounces of brandy with very little thought of its effect. If alcohol were transferred to the medicine side of the card, we

should be more likely to discuss its value in any given case in the same manner as we do the various drugs in the Pharmacopoeia.

It would require a whole course of lectures to dwell upon the beneficial or baneful effects of alcohol in all forms of disease; and, therefore, I will simply state, as a result of my own experience, that, like other drugs, it may be beneficial, useless, or harmful. I may remind you of what you yourselves have witnessed—that fevers will do well without this remedy. So wedded, however, are some to the idea of the absolute necessity of stimulants, that they have expressed almost incredulity when they have heard it stated that fevers will terminate favourably without them. Of course stimulants are often needed; but young persons with typhus and typhoid do far better, I believe, without them. That they make good recoveries on simple milk diet is a fact which my hospital cases prove, and which no arguments can gainsay; and, on the other hand, I have seen a marked improvement take place in some cases where a stimulus has been left off. It is also a fact that in bronchitis I have repeatedly seen improvement after stimulants have been omitted; and, as regards heart-disease, I am convinced that the amount of mischief done by stimulants is immense. In the case of fevers and bronchitis, the weak pulse is often but an indication of extreme capillary congestion, and a stimulus to the heart only aggravates the evil; and in the case of a diseased and weak heart, where repose is indicated, a constant stimulation by alcohol adds immensely to its trouble.

It causes me daily surprise to observe how the effects of stimulation are overlooked. Often have I been called to see a patient apparently dying, sometimes of a nervous disorder, at another time of a liver complaint, and at another of heart-disease. He is lying in bed, where he (or she) has been for some time, and kept alive (as it is said) by brandy; the breath is abominably fetid; the heart's action is so rapid that it is impossible to say whether the organ is diseased or not; the patient refuses food, or if this be taken, it is rejected, and so he is plied with brandy to keep him alive; the body is, in fact, saturated with spirit, or its elements. My first remark on seeing such a case is, that a man cannot live on alcohol; he must take some food or he will die.

The correctness of such common-sense remarks is admitted, but qualified with the statement that no solids can be taken, and that if stimulants be omitted it is feared the patient will sink. It is assumed that the constant administration of brandy is necessary for the temporary maintenance of life, and the idea never seems to have been conceived that the stimulation of the heart causes the weak, fluttering pulse, and the stimulation of the stomach a subacute gastritis. Do you ask me what method I adopt? The simplest possible. I withdraw every drop of the stimulant, and in a few hours the irritated stomach is partly restored to its normal condition, the nervous excitement abates, the patient takes a little food, and begins to mend. Do you ask, again, whether I do not fear any frightful results from the sudden withdrawal of the stimulus? I say, not the least; I have no fear of the consequences. Not of delirium tremens! Not in the least. This is a disease not induced by the withdrawal of stimulants, but, on the contrary, is produced by a recent debauch. For the production of delirium tremens the patient must have been such an habitual tippler as to have weakened his brain, and must then have had an overdose of the stimulant to set up the disease. There are no facts to show that the withdrawal of the accustomed drink is attended with any evil results, although I know that an imaginary fear of this kind leads to an erroneous and vicious method of treatment—the plying the patient with a stimulant during the violence of the attack, the effect of which is to prevent or prolong the cure. Rest and repose, with the avoidance of stimulation, is the treatment which the patient requires. The success of digitalis may be mentioned in corroboration of this view. I repeat that there are no facts to show that delirium tremens is produced by the withdrawal of stimulants, whilst it is a fact, as I could illustrate by many cases, that nothing but good results from its absolute discontinuance in the desperate cases to which I have alluded.

That many cases of disease of various kinds would do far better without stimulants I am perfectly confident. But lately I have seen the case of a gentleman, about sixty years of age, who passed through a most severe attack of pneumonia without the use of stimulants. He had been a tolerably free liver, and would not have been

called a good subject; but having before me the case of another gentleman of the same age, who had just died of pneumonia, and who had taken a large quantity of brandy, I readily acquiesced in the patient's own view, that none should be given. It is very remarkable what extremes we have reached, and on how slight a scientific basis is founded the treatment of pneumonia. Not many years ago the antiphlogistic method was adopted, including bleeding, antimony, calomel, &c.; then came the "let alone" method; and now we have the brandy treatment. What the need of this can be with Professor Hughes Bennett's statistics before us, I do not comprehend. My own conviction is (but of course this is only an opinion), that in any given number of cases a larger majority would recover under the old antiphlogistic treatment than by the more modern method of brandy. As regards heart-disease, the utmost discrimination is required in the use of stimulants. There are cases where an undoubted benefit is produced by them; but there are others, and these I have seen repeatedly, where alcohol has induced palpitation, fluttering, great distress, and constant sleepless nights, but where, on the other hand, the withdrawal of the spirit, and the substitution of a dose of digitalis or henbane, has been of the most essential service. The administration of a stimulus, in the attempt to overcome disease, in lieu of good and well-tried remedies, evinces the very worst form of medical scepticism with which I am acquainted.

It is not only in these severe cases of disease, but in lesser evils, that your recommendation of stimulants may do incalculable mischief. You visit, for example, an ailing lady, and she details to you a number of troubles of a nervous and dyspeptic character. She is sitting in-doors all day, taking no exercise, living well, and consequently drifting into a weak and flabby condition. You place your hand on her pulse, and, finding it feeble, console with her on her state of health, assure her that she does not live well enough, and order her a few extra glasses of wine or a little brandy.<sup>1</sup>

<sup>1</sup> The word "little," it must be remembered, has long ceased to maintain its original significance in reference to eating, drinking, and physicking. It would be extremely vulgar were we to be asked at our dinner-tables to take otherwise than a "little" more; and the doctor would not be forgiven by his patient were he, in detailing

You find that she grows no better for the advice; but perhaps you never reflect that you have been adding fuel to the fire. Knowing not what to do in the way of treatment, you order her out of town, and she immediately begins to improve. She goes to Brighton, rides on horseback or walks miles a day on the Parade, regains her appetite, craves less for stimulants, and her health is restored. If, on the contrary, you fail to remove her from her home, she goes on from bad to worse; she takes to her bed, eats less food, drinks more wine and brandy, until, having become one mass of fusty degeneration, life can hold no longer, and death ends the scene. This lady has been killed with kindness. This is no imaginary case; my mind's eye is carrying me to the bedside of more than one such instance. Do not then assume that alcohol is an equivalent to a tonic, and that it must be necessarily administered because your patient is weak. It may be that that very weakness is due to the long-continued pernicious effects of this same stimulant; indeed, as you have often heard me say in the out-patient room, if a man comes into our presence with a tottering gait, bloated face, and his nervous energy all gone, you may be quite sure that he has been taking "strengthening" things all his life.

I will say no more on this subject, as I do not wish to speak condemnatory of alcohol as a remedy, since it is one of the most powerful agents we possess to rouse the dormant nervous power. Moreover, I do not wish to speak too dogmatically of its ill effects, being fully aware that there are many holding very distinguished positions in the profession whose opinions are not in accordance with those I have expressed. Were it not for this reason, I should have used still stronger language than I have done; for even firm convictions must be restrained when we know what an amount of contrary opinion can be arrayed against us. It is, nevertheless, the duty of every one to express his own conviction when that is based on experience, and thus I shall ever feel bound to withstand the indiscriminate use of stimulants in disease.

Whatever may be thought of the remarks

the ingredients of his prescription, to state that he had administered the regular dose, but that he had given only a "little" of this or that. When therefore a patient is ordered a "little" brandy, the adjective in no way qualifies the amount.

just made, there is one thing which I must insist upon—that is, when treating any malady, and the administration of alcohol is suggested to your mind, that you give the same grave consideration to its recommendation as you would to any other potent drug in the Pharmacopœia; not to sit down and give all your serious thoughts to the question of whether a grain of this or a grain of that drug should be ordered, perhaps twenty or thirty drops of ether, and then at haphazard order any loose number of ounces of brandy. You observe that I say nothing against the potency of alcohol in several states of disease; but I do speak strongly against its indiscriminate use without due consideration of its need or of its results. My arguments would equally apply did I find that opium or any other drug were indiscriminately used as a universal medicine. I should protest against the practice, whilst still possessing great faith in the virtue of the drug. If I can influence you to place alcohol in your list of drugs, so that you may administer it with the same caution as you do the several articles in the Pharmacopœia, then the object of these remarks will be fully answered.—*Lancet*, April 27, 1867.

*Clinical Remarks at University College Hospital*—By GRAILY HEWITT, M. D., F.R.C.P., Prof. of Midwifery and Diseases of Women at University College, and Obstetric Physician to the Hospital.

*Excessive Lactation and its Effects.*—Many patients suffering from the effects of excessive lactation present themselves in the out-patients' room. I propose to notice some of the facts relating to these cases, and to offer some remarks on the bearings of the whole subject—an important one from whatever point of view we regard it.

The process of lactation constitutes a great drain on the system. A woman in health and of good constitution will suckle her child, and for some considerable time, without experiencing any bad effects; but, under other circumstances, this long-continued supply of food to the infant is productive of very injurious—and not seldom lasting effects on the body and mind of the individual.

The ability to carry on the process of lactation varying very considerably, the symptoms due to over-lactation set in at

very different periods in different cases. Thus, of eight out-patients of the hospital, and whose cases have been taken at random as illustrations, in one the patient applied for relief at five weeks, in a second at two months, in a third at two months, in a fourth at three months after the birth of the child; in the remaining four cases the women had suckled their children for periods respectively of five, thirteen, fourteen, and nineteen months. These figures give roughly some idea of the time when symptoms calling for medical aid are observed.

The actual symptoms of excessive lactation are next to be considered. The account which follows is an abstract of the notes referring to these eight cases.

One of the most constant symptoms is the presence of an aching pain in the back; often pain is felt across the shoulders and on the top of the head or forehead. Great pallor of the skin is generally observed. A marked symptom is want of sleep; the patient will often tell you she has had no sleep for a week, or, when she does sleep, that she is awakened by frightful dreams. There is marked and great debility. The appearance and expression of the face is peculiar in these cases, sometimes remarkably so; it conveys an idea of intense bodily prostration.

The mental changes are worthy of special note. There is almost constantly extreme depression of spirits; the patient feels as if she had lost all life and energy; she is desponding and miserable. We have before us, in fact, symptoms which are the possible precursors of a malady of great gravity—viz., puerperal mania. Aberration of mind may occur in connection with or as a result of the exercise of the uterine parturient functions at two periods—viz., as the immediate result of the labour, or later, when the system is debilitated by excessive lactation. It is more frequently a result of excessive lactation, and the necessity for recognizing the first symptoms of this disease is obvious, being, as it is, preventable. The mental disturbance now under consideration generally takes on the form of melancholia; the delusions relate mostly to subjects of a religious character. A lady under my care became the subject of a very severe attack. She had suckled her child for upwards of a year, and had most imprudently taken some very long walks

with her husband while suffering from menorrhagia. She became excessively weak and ill. Delusions to the effect that she had committed the unpardonable sin, that she could not be saved, and the like, possessed her. This case is an instance of the condition to which a patient may become reduced from the excessive drain of unduly prolonged lactation. The menorrhagia in this instance was due to the excessive lactation.

The headache in cases where the cerebral functions are suffering from the effects of excessive lactation is situated at the top of the head, and it is worthy of note that this spot may be noticed to be perceptibly hotter to the touch than other parts of the head.

In the eight cases forming the basis of these remarks the patients had all presented symptoms indicating want of vital power. The mental symptoms had not in any one of them passed beyond the stage of extreme melancholy. There had been no delusion, but the disease was not less important by reason of this. Some of these had become so reduced that many months will probably be occupied in repairing the mischief which had been done. [Two of the patients who had been some little time under treatment, and who had been greatly benefited, were shown to the class. They still exhibited, though in a less marked degree, the conditions above described.]

*The treatment.*—To wean the infant is obviously the first indication. When should this be done? We have to consider, it must be recollect, the infant as well as the mother. The infant requires breast-milk for the first month or six weeks. Experience has shown the great difficulty of rearing children from the very first without it; but it is also the result of experience that an infant nourished with breast-milk for that time may afterwards do tolerably well without it. Hence the conclusion, that a mother may pretty safely—for the child—wean it at the age of six weeks or two months. A woman presenting evidence of suffering, such as those above related, should not be recommended to prolong lactation after this period. And in large towns, amongst the destitute classes, this principle appears to be the best that can be laid down. Cases now and then present themselves in which we should hesitate to recommend the process

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of lactation to be continued so long as a month or six weeks; there are others in which lactation seems altogether improper from the commencement.

The next important indication is to procure sleep. For this purpose one or two grains of opium may be given at bedtime, and it may be necessary to order the patient ten minims of Battley's solution of opium once or twice during the day. When mania has actually come we rely a great deal upon opium; in the form of the bimucinate of morphia it is very applicable in such cases, and very large doses are required. Not less important is the administration of good food. In most of the cases the subjects of these remarks, the patients had been very insufficiently fed. The diet ordered should consist of the most nourishing and easily-digested food: meat twice or three times a day if it can be taken, or eggs, milk, and beef-tea. Stimulants are required, sometimes in large quantities. In the case of the lady suffering from religious mania the effect of excessive lactation, before referred to, the patient took not only stout in large quantities, but wine and brandy daily, and for a considerable time both during the attack and during the convalescence. The less severe cases must be treated on the same principle. .

In all cases where there are any symptoms of mental alienation, or even where the patient is profoundly melancholy, she must be closely watched. Absolute rest must be enjoined. In all cases also, as may be gathered from what has been already said, whether there be signs of mental alienation or not, tonics—iron, quinine, or bark—are indicated.—*Lancet*, July 6, 1867.

#### HOSPITAL NOTES AND GLEANINGS.

*A Large Aneurism of the Right Subclavian Artery, treated by Acupressure on the first stage of the Axillary Artery.* Under the care of Mr. Porter, Senior Surgeon to the Meath Hospital, &c.—Patrick G., aged 43 years, a labourer, was admitted into the Meath Hospital suffering from an aneurism of his right subclavian artery. The disease invaded the three stages of the vessel, and presented a tumour about the size of a large duck-egg above the clavicle, filling up the entire space between his

collar-bone and the trapezius muscle. It pulsated strongly, had an elastic feel, and showed signs of thinning at one point. A loud *bruit de soufflet* was audible in it, extending also to the arch of his aorta. The external jugular vein was much distended above the swelling. He did not suffer from loss of voice or difficulty of breathing. A second aneurism was discovered in his right femoral artery close to, and passing above, Poupart's ligament, towards the external iliac. He had no pain, but complained of numbness in his arm and hand. He appeared to be in excellent health, not in the least degree wasted, and his spirits were good.

He stated that the aneurism had made its appearance fourteen months previously, and had increased gradually in dimensions, until he entered another hospital in March last, where pressure on the tumour was had recourse to. This, he considered, caused the swelling to increase rapidly. As the subclavian aneurism was evidently thinning, and threatening soon to become diffused, or burst externally, Mr. Porter considered his a fair case to give him the chance (although unpromising) of a cure by occluding the artery on the distal side of the tumour. The disease prevented him securing the innominate, or the subclavian, in any of its stages. He therefore decided upon attempting to obliterate the aneurism by placing an acupressure needle under the axillary artery in its first stage for fifty hours. The general tendency to aneurism in his system induced Mr. Porter to prefer giving this mode of closing the vessel a trial, instead of throwing a ligature round it, which might, in the first instance, suddenly cut through the artery if diseased, or, when coming away, be followed by fatal hemorrhage.

June 26th, 1867.—Mr. Porter laid bare the axillary artery in its first stage, after an external incision, four inches in length, extending in a curved direction inwards, from the junction of the deltoid with the greater pectoral muscle, and at a level of half an inch below the clavicle. He then isolated the artery with an aneurism needle, and passed a silver probe slightly bent beneath it, and bridged over the vessel with a loop of wire, after the manner of Sir James Simpson's third mode of acupressure. The tumour immediately became reduced one-third in size, and all pulsation in his brachial, and radial arteries ceased. The

patient was then removed to bed, and a small bag of ice applied to the tumour.

28th.—The tumour is reduced very much in size; the pulsation weaker, and the bruit in the aneurism two-thirds shorter. The aortic bruit has almost disappeared.

Half-past three o'clock P. M.—Mr. Porter removed the probe and wire, not a drop of blood followed.

29th.—The tumour is still smaller, and more firm.

Up to the time of receiving this report, the patient has gone on most favourably.—*Med. Press and Circular.*

*Treatment of Fractures of the Neck of the Thigh-Bone.*—Mr. SALLY, in a clinical lecture (*Lancet*, June 22) upon a case of fracture of the cervix femoris, recently delivered at St. Thomas' Hospital, thus described his treatment. In the first place, he orders the patient to be placed upon the double inclined couch, which he calls from the name of the maker, "Alderman's couch." "The splint and bandage," he says, "which I always use in these cases, I have found more useful, for several reasons, than the old straight splint. It consists of a bandage made of strong linen, and for private patients lined with silk. It is composed of a well-fitting pelvic bandage and a thigh-piece, with a piece of thick, stiff leather, about the size of the palm of my hand, previously moulded, in a soft state, to catch the trochanter major, stitched in the bandage. There is a strong elastic band connecting the pelvic bandage with the thigh, insuring strength and adaptability. This splint, however perfect it may be, would be of little service if you did not place your patient upon the couch."

I remember when I was attending the lectures of Mr. Abernethy the controversy regarding union or non-union of fracture of the neck of the thigh-bone was at its height; and as I had already listened to the excellent lectures of Sir Astley Cooper, I was not ignorant of his views and arguments regarding this sad injury. Johnny Abernethy, as we used to call him in those days, said, 'No, gentlemen, fractures of the neck of the thigh-bone never have united yet, and never will unite until surgeons fix the pelvis as well as the thigh. It is no use putting a splint upon the thigh when the pelvis remains unfixed. Every time the bed-pan is thrust under the bottom

of the patient his pelvis, with the head of the femur closely attached to the socket, is jerked up, and the rest which is essential to the formation of the uniting callus is prevented.' I soon discovered that the only way in which you can fix the pelvis is to place your patient on a bed with a hole in it opposite the anus, under which there is a movable bed-pan. Then you may confine the pelvis to that spot by means of a broad pelvis strap. This arrangement is best carried out by means of the couch I have mentioned, and thus only I believe is Abernethy's objection got over, and the fractured surfaces secured in apposition with any certainty."

*Inflammation of the Knee-Joint treated by Ligation of the Femoral Artery.*—Some days after the knee-joint of a man, aged thirty-three, had been opened by a lacerated wound, he was brought into the London Hospital, where Mr. LITTLE (at the suggestion of his colleague, Mr. MAUNDER) tied the femoral artery to stop acute inflammatory action, which had attacked the limb both within and without the joint. Thirty days have elapsed since Mr. Little applied the ligature at the apex of Scarpa's triangle, and the case has hitherto progressed most satisfactorily. The ligature came away on the 19th day. Mr. Maunder proposes also to ligature the brachial artery in cases of acute inflammation of the palm of the hand.

[Ligation of the femoral artery is by no means devoid of danger. It appears from Dr. Geo. W. Norris' statistics of this operation (*Am. Journ. Med. Science*, Oct. 1849) that of 204 cases, 50 proved fatal, and 6 of those who recovered underwent amputation in consequence of gangrene of the limb.—ED. MED. NEWS.]

*Punctured Wound of the Knee-Joint, treated by the Application of the Tourniquet to the Femoral Artery.*—Dr. ARTHUR JACKSON, Surgeon to the Sheffield Public Hospital, &c., reports, in the *Lancet* (June 29, 1867), the following case:—

I was sent for on February 11th to see a boy aged sixteen, healthy and well-developed, whose left knee-joint had been punctured with a long nail two days previously. When I saw it, there were the usual signs of synovitis, intense pain in the joint, rendered agonizing by the slightest movement,

while the proper outline of the joint was completely altered.

I put the joint completely at rest, and applied a cold evaporating lotion, giving my patient opiates every night and aperients when necessary. The inflammation became intense, and I began to fear that it would terminate in suppuration.

A case which I had seen at the Infirmary a short time previously, in which Mr. Brown, the house-surgeon, had tied the radial and ulnar arteries for hemorrhage from a wound attacked by sloughing phagedena, followed by the immediate arrest of the phagedena, induced me to try the effect of lessening the supply of blood to the knee-joint. I applied the tourniquet to the femoral artery, and kept it applied for more than forty-eight hours, when I was compelled to take it off in consequence of my patient being unable to bear the pressure any longer. *Post hoc*—it would be presumptuous in me to say from one case, *proper hoc*—I was delighted to find the inflammation subdued and the swelling gradually decreasing.

The advantages that I claim for this mode of treatment over ligature of the femoral artery are—

(1) The use of a tourniquet, if properly applied, is not at all dangerous.

(2) That the part is not suddenly deprived of blood, and has not to wait for a proper supply of blood till the collateral circulation is established.

(3) That ligature of the femoral artery is a serious surgical operation, occasionally followed by gangrene.

The only disadvantage in the use of the tourniquet appears to me to be the possibility of the venous return being obstructed. If the tourniquet is properly applied at the commencement, and its management left to one surgeon, I believe this will very rarely be the case. I have seen numerous cases in which pressure from the tourniquet has been unbearable; but I think this was due in a very great measure to the fact that more than one surgeon has had the management of the tourniquet. I believe there are few subjects who will not bear the application of the tourniquet for twenty-four hours at least, and the consequent diminution of the calibre of the arteries will cause an equal diminution in the supply of blood to the part after the removal of the tourniquet.

Should I get any more cases of punctured

wounds of any joint, or cases of malignant disease in which removal is contra-indicated, I shall certainly try the effect of pressure upon the main artery.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Treatment of Aneurism of Subclavian Artery.*—Dr. MARKOE, in the course of some remarks upon this subject, before the New York Pathological Society (*Medical Record*, July 15), said he did not believe that it was sound surgery ever to put a ligature on the subclavian in the first part of its course, as there was not room for a clot to form, on account of the return current through the vertebral, and in every case where death had occurred from hemorrhage it had been from the distal side. He had determined in his own mind, if ever the opportunity offered, to apply in a similar case a ligature to the innominate near its bifurcation, and also one upon the common carotid, just above its origin. He believed that this was the only operation on subclavian aneurism which promised success. Dr. Mott, in his history of the operation on the innominate, makes the same suggestion.

*Death from Chloroform.*—Dr. B. E. COTTING relates the following case (*Boston Med. and Surg. Journal*, July 18): A married woman, aged 21 years, complained of headache. She locked herself in her room and was found some hours after dead, with her head resting upon her hands, which retained a folded cloth and a sponge in contact with the nostrils and mouth. She had been dead some hours, and the rigor mortis was marked. The face was livid and a little fluid was oozing from the nose and mouth. A half-ounce vial, containing a little chloroform, was found in her bosom. The vial was recognized as having come from an apothecary who had sold one-half ounce of chloroform to a woman the day before whose appearance corresponded to that of the deceased. The chloroform was inhaled to relieve pain, the woman being in the habit of frequently using it for that purpose.

*Massachusetts Medical College.*—At the annual commencement, held on the 17th of

July, the degree of M. D. was conferred upon 33 candidates.

*University of New York—Medical Department.*—Dr. MARTYN PAYNE, who has long held the Professorship of *Materia Medica* in this school, having resigned, Dr. W. H. THOMSON has been appointed to fill the vacated chair.

*Mr. Hoff and the N. Y. Academy of Medicine.*—At the last meeting of the Academy of Medicine, the following resolutions were unanimously adopted:—

Whereas, W. L. Hoff, proprietor or agent of the "Hoff Malt Extract," is issuing publications through the secular papers, and by means of pamphlets and circulars, professing to quote favourable opinions expressed in a report of a committee of the Academy;

And, whereas, the said Hoff is widely circulating a letter purporting to have been written by a Fellow of the Academy;

And, whereas, the publications of said Hoff are so adroitly and designedly worded as to impress the mind of the reader with the belief that the Academy has indorsed his nostrum, and has thus apparently compromised its dignity and professional standing.—Therefore,

*Resolved*, That the N. Y. Academy of Medicine does hereby proclaim and declare that it has not expressed any opinion in regard to "Hoff's Malt Extract," and that any and every use of its name in recommending said Extract is unauthorized by the Academy.

*Resolved*, That a copy of the above preamble and resolutions be sent to the Medical journals of this city, and that the Medical journals throughout the country be requested to copy the same, in justice to the Academy and the profession.—*Medical Record*, July 15, 1867.

*OBITUARY RECORD.*—Died, in Brooklyn, N. Y., June 16, 1867, ROBERT O. ABBOTT, M.D., Brevet Col. and Surgeon U. S. A., aged 43 years. Dr. A. was a highly intelligent and useful officer, and the service has met with a serious loss in his death.

—, June 2d, of typhus fever, in the 66th year of his age, Dr. S. POMROY WHITE, of New York.

—, June 23d, at Providence, R. I., of apoplexy, Dr. SAMUEL BOYD TOBEY, aged 61 years.

#### FOREIGN INTELLIGENCE.

*Deaths from Chloroform.*—On Saturday last an inquest was held on the body of George Gillard, who died in the Taunton Hospital, after having had chloroform administered to him. It was proved that death resulted from syncope, caused by the chloroform. The jury completely exonerated the medical attendants from blame.—*Lancet*, May 11, 1867.

An inquest was held on the body of a little girl, aged 9 years, who died in University College Hospital from the effects of chloroform given to facilitate the operation for the cure of strabismus. The chloroform was administered with due precaution by the acting physician's assistant, but after the inhalation of a drachm and a half, the pupils dilated and respiration ceased. Artificial respiration was at once employed, but death occurred about two hours subsequently. The jury returned a verdict of "Death under the administration of chloroform through misadventure."—*Lancet*, June 1, 1867.

*Digitalis as a Cure for Rheumatism.*—M. OULMONT read at the last meeting of the Section of Therapeutics in the Academy of Medicine a paper "On the Therapeutical Applications of Digitalis." He has administered this substance in a great number of febrile affections, and especially acute rheumatism. In this last disease its action is manifested by characteristic phenomena. At the end of from thirty-six to forty-eight hours the pulse and temperature are lower, and towards the third day, and generally the fourth, nausea and vomiting ensue. By this time the pulse has diminished by twenty or thirty beats, and the temperature is 1° or 2° C. lower, the rheumatic symptoms gradually disappearing, and sometimes doing so with surprising rapidity. A cure may be effected in five or six days, but ordinarily in from twelve to fifteen days—that is, when the rheumatism is free from serious complications. In patients exhibiting diatheses, or in whom it has already occurred before, rapid cure is rare, the disease resisting, and the relapses, over which the digitalis exerts no action, being more or less frequent. M. Oulmont concludes that the digitalis exerts its influence on the "febrile elements," the disappearance of which may

be accompanied by that of the disease; but that upon the "rheumatical element" it exercises no effect. He has never met with cardiac complications among his patients, while old heart affections have been ameliorated. While delirium and other cerebral phenomena have not been unfrequently present, these accidents have always promptly disappeared. The urinary secretion has not increased. The dose administered has been the same in all the cases—viz., a spoonful every hour of an infusion made of 1 grammes of powdered leaves to 120 grammes of sugared water.—*Medical Times and Gazette*, April 27, 1867.

*Traumatic Tetanus caused by Hypodermic Injection.*—M. ARNOLD, a military surgeon at Constantina (Algeria), lately published several cases of ague cured by hypodermic injections of sulphate of quinia. These cases have been commented upon by Prof. FONSSAGRIVES, of Montpellier, who warns the profession as to the possibility of tetanus being induced by such injections. The professor mentions two cases—a child and an adult—who both died of traumatic tetanus after hypodermic injections of sulphate of quinia dissolved in water and a little sulphuric acid. Both patients were suffering from ague. A third case has been observed at New Orleans, in a young Swiss, who died of tetanus two months after having submitted to hypodermic injection for intermittent fever. The puncture, made over the deltoid, had turned into an ulcer.—*Lancet*, July 6, 1867.

*Liquor Ammonia in Traumatic Tetanus.*—The *Bulletin de Thérapeutique* puts some reliance on a case of recovery by ammonia in the practice of Dr. CHARBONNIER, who had treated seven other cases by various means without success. In the case which recovered, six drops of liquor ammonia were given every half-hour, and the patient was well on the fifth day. A single case, however, is not sufficient to establish the practice.—*Ibid.*

*Umbilical Hernia.*—M. DEMARQUAY, of Paris, had failed twice in strangulated umbilical hernia of large size, by making a very small incision in the constricting ring. He resolved, in a third case, where the intestinal mass was voluminous, to open the sac just enough to pass the finger.

Upon the latter, he incised the ring to the extent of half an inch, and made no attempt at reduction. The protruded mass gradually collapsed, the bowels acted (by means of small and repeated doses of opium), and the herniated tumour, which at the time of the operation was the size of two fists, became at last reduced to the size of a hen's egg.—*Ibid.*

*New Treatment for Opacities of the Cornea.*—Dr. DE LUCA, of the Incurabili Hospital at Naples, has communicated to the Academy of Sciences a paper detailing his mode of treating opacities of the cornea. Very dissatisfied by the effects of their treatment by alcoholic and tannic substances, which coagulate albuminoid substances, and often do more harm than good, after numerous trials of other substances he has found in the sulphate of soda a substance which has the power of removing corneal spots in an almost incredibly short space of time. M. De Luca was led to experiment with this reagent from the circumstance that it maintains the fibrine of the blood in a state of solution. In his first trials he employed a saturated solution of the sulphate in distilled water, dropping this several times a day upon the ball of the affected eye, and the result was that after some days' treatment the opacity was to a considerable extent diminished. It then occurred to him to try the sulphate in the state of fine powder. On using it in this condition, applying the powder to the globe twice a day, the patient's head being nearly in a horizontal posture, so that the powder may become dissolved by means of the liquids of the organ, a more decided result was obtained. In one instance, a patient who had been previously almost completely blind, regained a certain amount of distinct vision. These results are, if true, exceedingly remarkable.—*Med. Times and Gas.*, June.

*The Diagnosis of Ovarian Disease.*—M. BÉHIER showed, the other day, a curious tumour at a meeting of the Academy of Medicine at Paris. It was formed by an enormously dilated kidney, in a woman of sixty-four, where ovarian disease had been supposed to exist. She had been tapped twice, and a chocolate-coloured fluid escaped each time. The woman died of erysipelas, which had attacked one of the

punctures. On a post-mortem examination, the ovaries were found quite sound, and one of the kidneys had been transformed into the enormous sac mentioned above. Two calculi, situated at the junction of the ureter with the bladder, had given rise to this gigantic dilatation. M. Béhier concludes that we should not be in a hurry, in case of doubtful diagnosis, to perform ovariotomy.—*Lancet*, July 6, 1867.

*Epidemic Cerebro-Spinal Meningitis.*—This disease has prevailed lately in Dublin to some extent, and its nature has given rise to much discussion, while the profession has been sorely exercised to designate it by a proper name. By some it has been termed "black death," by others "febris nigra," "purple fever," "purple fever," "febris scorbutica," "malignant purple fever," "cerebro-spinal fever," "spotted fever," &c. &c. &c. A number of cases have been reported to the Royal College of Surgeons of Ireland, and the subject has been very learnedly and candidly discussed by its Fellows, and notwithstanding the contrariety of opinion expressed as to the nature of the disease, we think that no doubt can be entertained as to its identity with the epidemic cerebro-spinal meningitis well known in this country.

*Dr. Marcet's Process of Artificial Digestion.*—We would direct the attention of our readers to a pamphlet by Dr. MARCET which, like everything emanating from the same source, contains matter well worth general attention. Dr. Marcet first alludes to the importance of supplying nourishment in sufficient quantity to the system in cases where, from some peculiarity, the stomach is incapable of fulfilling its functions aright. Beef-tea and milk are often the only articles of diet the stomach will bear, and even the latter frequently disagrees, whilst beef-tea alone does not supply sufficient pabulum. It therefore struck Dr. Marcet that the process which naturally goes on in the stomach might be imitated artificially, and so supply the food in a partially digested condition. He, accordingly, took hydrochloric acid and some pepsine, added these along with water to a quantity of meat, allowing the whole to simmer over a water-bath at about the temperature of the body. When the meat was sufficiently broken up, it was strained and the acid neutralized by carbo-

nate of soda, when it was ascertained that the product was of a most agreeable character, easily digestible, and containing a vast deal more nourishment than common beef-tea. The proportions he recommends are 58 grains of hydrochloric acid, sp. gr. 1.1496, in a pint (20 oz.) of water, with 15 grains of Boudault's pepsine, and 81 grains of bicarbonate of soda to a pound of meat (weighed raw), the chemicals costing about sevenpence. Where pepsine is unattainable, strips of calves' stomachs answer very well, or we do not see why the rennet prepared from it and used for curdling milk should not be employed. The food thus prepared keeps well until neutralized, but not so well afterwards. One point to be noticed is that no metallic vessel should be used in the process, lest the acid act upon it, but for full particulars we must refer our readers to Dr. Marcet's little work.—*Medical Times and Gazette*, June 8, 1867.

*Iridectomy.*—The *Gazette des Hôpitaux* states that M. Houel, a hospital surgeon, tried this operation five times in cataract extraction, and failed in every instance.

*Ovariotomy in France.*—This operation has been performed five times in Paris since January last, by several surgeons, among whom is M. Nélaton: two in the hospitals and three in private practice. Three patients died and two recovered.

*Civiale's Collection of Calculi.*—At a late meeting of the French Academy, the veteran CIVIALE exhibited his collection of urinary calculi, obtained from 2700 patients, operated on at various periods since the year 1824, of which 1600 had been submitted to lithotomy. The paper accompanying the collection is of the highest interest, since it contains the generalizations of a careful observer, who has both physically and chemically examined an immense and varied series of urinary concretions. M. Civiale dealt with the various forms of calculi, and especially directed attention to the hardness, consistency, and internal molecular constitution of calculi. This method of study he considered of the utmost importance, since, without an intimate knowledge of the nature of a concretion, the lithotriptist

<sup>1</sup> "On a New Process for Preparing Meat for Weak Stomachs." By W. MARCET, M. D., etc. London: John Churchill and Sons.

labours under many disadvantages, and may lose much time in performing an operation. After dealing with the ordinary forms of calculus, M. Civiale proceeded to the unusual varieties. Of these he says there are the following: Conical, pyramidal, triangular, cubic, square, tetrahedral; calculi resembling a mushroom, a heart, and a brain.—*Med. Times and Gazette*, June 8, 1867.

*Decrease of Life-Value in England.*—It is not quite satisfactory to find, from a comparison of the two earlier English life-tables with the latest, which has just been elaborately calculated by Dr. Farr, that the probabilities of duration of life at every age have decreased between 1841 and 1854, the latest year to which the calculations extend. This decrease is greatest at the ages 20 to 50—the most active and busy period of existence. We shall, says Mr. Rumsey, to whom we owe this analysis, anxiously watch for a fourth life-table, extending the period of observation to 1864. If the late apparent fall of the vital barometer continue in England, notwithstanding sanitary reform, we must cast about for some clue to the mystery.—*Brit. Med. Journ.*, March 23, 1867.

*Artificial Essences for Adulteration.*—The Paris Correspondent of the *Laboratory*, writing about the chemical products of the Paris Universal Exposition, states: "On examining the cases of certain firms, whose names we withhold for fear of incurring the penalty of several actions for libel, we find exhibited such compounds as the artificial essences of sherry, port, gin, rum, cognac, arrack, madeira, moselle, etc. Now, these essences can only be used for the purpose of swindling the public, by enabling fraudulent publicans and grocers to manufacture those pernicious compounds with which the poorer classes of Her Majesty's subjects are slowly poisoned. In the Exhibition of 1862, a sensation collection of substances used for adulteration was displayed in the food department, terrible examples of what manufacturers were capable of; but in 1867 we improve on it by allowing the manufacturers themselves to exhibit the adulterants most in vogue. No doubt, on examination we shall find Mr. Casely, the burglar, exhibiting his safe-breaking tools, and humbly endeavouring to earn a medal. A few forged bank-notes or cheques might

possibly merit the commendation of the jury for the liberal arts, and some electro-plated shillings and sovereigns might divide the palm of excellence with the noble productions of Messrs. Elkington and Co."

*Test for Glucose.*—BRAUN uses a solution of picric acid in 250 parts of water. The glucose solution, containing a little caustic soda, is heated to 90°, a few drops of the picric solution are added, and the whole raised to ebullition; the presence of glucose is indicated by a blood-red colouration, due to the production of picramic acid. Cane sugar does not produce this change.—*Am. Journ. Sciences and Arts*, March, 1867, from *J. pr. Ch.* XCVI. 411.

*Test for Bile in the Urine.*—CUNISSET (*Journal de Chimie Médicale*, Jan. 1866) proposes the following test for the presence of bile in urine. Add to urine in a test tube one-tenth of its bulk of chloroform, and shake; if the mixture becomes yellow, bile is present, and if it be allowed to stand, the chloroform sinks to the bottom, taking the colouring matter of the bile with it. This test has evidently been suggested by Brücke's method of separating the brown colouring matter of the bile; he pointed out, a good while ago, that if bile be shaken with chloroform it becomes yellow, and on standing the chloroform sinks to the bottom, drawing the biliphaeine with it.—*Journ. of Anat. and Phys.*, Nov. 1866.

*M. Nélaton.*—On the day after the election of this eminent surgeon to the seat made vacant in the Academy of Sciences by the death of M. Jobert de Lamballe, he received the cross of Grand Officer of the Legion of Honour from the hands of his young patient, the Prince Imperial.

*Chair of Anatomy in the University of Edinburgh.*—Dr. TURNER, Demonstrator of Anatomy, has been elected to this chair as successor to the late Prof. Goodair.

*The Hurdwar Cholera Pilgrims.*—Our Indian correspondent writes to us (*British Med. Journ.*, June 8): the returning Hurdwar pilgrims seem to be carrying with them the cholera poison in all directions. Up to the 19th of April, 269 cases had occurred amongst the pilgrims between Jugadree and Umballa, of which 104 were fatal; 34

cases, of which 15 were fatal, in the camp of the Maharajah of Cashmere, and a few cases in Kurnaul. On the 20th, two cases occurred amongst natives in the Umballa cantonments, and many deaths among the pilgrims, who continue to stream in vast numbers in the Umballa district; 11 cases had occurred in Loodiana. A letter from Umballa states that, despite every precaution to keep the Hurdwar pilgrims out of the station by means of a cordon of police, and troopers of the 11th Bengal Cavalry, two pilgrims managed to get into the bazaar of H. M.'s 94th Regiment, in consequence of which, some thirty cases have occurred amongst natives in the bazaar. Two soldiers of the 94th have died, and one officer—Lieutenant Mercers. Dr. Stony is very ill, and Drs. Turner and Page are sailing. The regiment has been moved into camp—almost every one has left the station for Simla. As is very justly observed in the *Med. Press and Circular*, there is neither principle, policy, nor prudence in the religious toleration which brings us such results as these.

*An Ingenious Bullet Detector.*—A very ingenious piece of mechanism for the detection and extraction of bullets in wounds has been devised by Mr. Sylvan De Wilde. It seems that at the time Garibaldi was suffering from the effects of an undetected bullet in his limb, and pained by the fruitless efforts of operators to detect it, it occurred to several individuals of a philosophic turn of mind that electricity might very well be employed in the detection of metallic substances lodged within the human tissues. There is this manifest advantage, that the structures of the body are non-conductive—a fact that renders the action of the electric current more perfect.

Mr. De Wilde has apparently produced the most practical result; and his instruments have been submitted to the naval and military authorities, who have made a complimentary report about them. The apparatus consists of a probe and forceps, a battery, and an alarm, contained in a box eleven inches long by three broad, and two inches and a half deep. The elements for the generation of a current, which remains constant for some weeks, are zinc and carbon. The probe, consisting of two steel wires, insulated from each other, is connected with an electric horse-shoe magnet and a bell, and when (introduced into the

wound) it touches the bullet the circle is completed, and the bell rings. The forceps act on the same principle, and are intended first to detect, then to seize, the bullet. They have curved points, and not pallets or spoons. The points of the probe are kept sheathed on introduction to a wound, and not uncovered till the supposed bullet is felt. This is effected by means of a sliding tube. The advantages of Mr. De Wilde's probe over others of its kind are very marked, and the army and navy officers will no doubt find it a great aid. The probe is a sensitive artificial finger, which enters deeply into the tissues, and gives the signal at once when it detects the hidden source of mischief below.

—*Lancet*, May 11th, 1867.

*Sound made Visible.*—At the Royal Institution on Friday evening, the 21st inst., Professor TYNDALL repeated some of those interesting and instructive experiments by which he has on previous occasions given ocular proof of the effects of sonorous vibrations. When a jet of gas is burning under an amount of pressure which is but just short of the "flaring"-point it becomes excessively sensitive to a momentary increase of pressure, and will respond in the readiest manner to the slightest acute sound, vibrating actively to the merest "chirrup" of the lips. A still more remarkable demonstration was made with a thin column of smoke, of which the shadow was cast on a screen by means of an electric light; here the smoke became so sensitive that the slightest vibration of the air affected it, and two tuning-forks making a discord produced the well-known beat, which was attended by a marked pulsation of the edges of the shadow. Perhaps the most beautiful ocular demonstration of the effect of sound was produced by throwing the electric light through a minute stream of falling water, the effect being to produce a string of glittering drops of the most brilliant appearance. When musical notes were sounded in the vicinity, these drops altered their arrangement in obedience to the waves of sound, and clearly indicated by their modified appearance the effect produced upon them.

Among other interesting experiments exhibited by Professor Tyndall was the one originally devised by Faraday, of magnetizing a beam of light. This beautiful delicate operation consists in sending a beam of polarized light through a bar of "heavy glass" placed in the line of force between the poles

of a magnet.

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of a powerful electro-magnet, after having passed it through plates of right and left-handed quartz in juxtaposition, which are adjusted in position so as to give the "sensitive" tint. The phenomenon is very remarkable when this is submitted to the action of the magnetic current: and the effect of the reversal of the current is to reverse instantaneously the order of the colours of the spectrum produced, thus demonstrating the rotation of the polarized beam when under the influence of magnetic energy.—*Lancet*, June 29, 1867.

**OBITUARY RECORD.**—Died, in Paris, May 21st, of enlargement of the heart, aged 44. M. FOLLIN, President of the Société de Chirurgie de Paris, Assistant Professor at the Faculty of Medicine, for two years official lecturer on Ophthalmology, and for several years one of the editors of the *Archives Générales de Médecine*. He had just published the first volume of a System of Surgery, was the author of the best modern French Surgical Pathology, and other works of great merit, enjoyed an extensive practice, and was regarded as one of the most zealous labourers in our science, and as one of the most promising professional men of Paris. His death is universally regretted by those who knew him.

—, June 13th, suddenly, aged 75, M. CIVIALE. This eminent surgeon was the first to perform lithotrity on the living person, and is well known by his numerous and most valuable works on diseases of the urinary organs, and by the skill which he displayed in lithotomy.

—, June 23d, at 8 A.M., aged 66, after many months of great suffering from cancer of the stomach, M. TROUSSEAU, the acknowledged head of the French medical profession. To the last, says the *Lancet*, he preserved all his lucidity of mind, and whilst all around him were overwhelmed with grief he was full of peace and resignation. Contemporary medicine has lost in M. Troussau one of its most eminent representatives. Endowed with the highest abilities and the most varied aptitudes he had risen to the loftiest distinction in the different pursuits and avocations to which he had applied himself during the course of his brilliant career. His fame was equally great as a professor, as a writer, as an orator, and as a physician; none who have had occasion to hear either his lectures at the Hôtel Dieu, or at the Faculty, and his harangues

at the Academy of Medicine, will ever forget the richness and happiness of expression and the artistic arrangement of words and ideas with which he invariably seduced and captivated his audience.

Thus disappear, one after another, men who have shed lustre on the Faculty of Paris: Chomel, Rostan, Jobert de Lamballe have passed away; and, from that splendid phalanx of eminent professors who have spread the fame of the Paris School far and wide, only two still active and energetic men are left, Velpeau the surgeon and Bouillaud the physician. Andral and Cruveilhier work no more, but are resting upon their well-earned laurels; whilst Rayer somewhat holds his ground in spite of age, displaying at times considerable energy where works of benevolence are concerned.

The death of M. PELOUZE, the well-known French chemist, has recently been announced. This distinguished savant was favourably known from his valuable contributions to science. He was a pupil and afterwards assistant to Gay-Lussac, and took part in the principal discoveries of his illustrious master. He has published numerous memoirs in connection with chemistry, and has written, together with M. Frémy, a large treatise on that subject in six volumes, which has deservedly become a standard book on this subject.

Just as this sheet was going to press we received the sad intelligence of the death from paralysis of SIR WILLIAM LAWRENCE, the veteran Serjeant-Surgeon to the Queen and Surgeon to the Royal Hospitals of St. Bartholomew and Bethlehem, which event occurred at his residence in London, July 5th, at the mature age of 83.

The profession mourns the loss of another of its most distinguished members. Sir William was an earnest worker in his particular field, and the results of the labours of his philosophical and at the same time eminently practical mind he has happily placed in permanent form for the benefit of the scientific student.

His *Lectures on Zoology and the Natural History of Man*, his various publications on *Surgery*, and his *Treatise on Diseases of the Eye* bear witness to his scholarly attainments as an author, to his elegance and purity of diction as a writer, to his fidelity and earnestness as an investigator, and to his sound judgment and skill as a practitioner.

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